

**INSTRUCTIONS FOR COMPLETING THE  
CHILD AND ADULT CARE FOOD PROGRAM (CACFP)  
RENEWAL APPLICATION FOR SPONSORS OF CENTERS**

The application is available on the website for Child and Adult Nutrition Services (CANS) at <http://doe.sd.gov/oess/cans/cacfp/applications.asp>. If you have computer Internet access, you can download the document and complete it on the computer or print it out and complete it by hand. The document needs to be submitted by mail with an original signature.

Read and follow these instructions carefully. Approval of applications for the nutrition programs is a lengthy process. Your cooperation in submitting them with accuracy will be sincerely appreciated. Please feel free to contact our office with any questions you may have.

The application consists of three parts to be completed and returned with appropriate attachments, along with the letter to parents (two pages), application for free and reduced price meals (two pages), and if a pricing program, the notification letter. One copy of each application part and attachments is to be completed with original signatures and returned to the CANS office. A copy of the approved application packet and an approval letter from the South Dakota Department of Education, Child and Adult Nutrition Services, will be sent to you after it has been determined that the information meets all guidelines and regulations. The narrative (parts 4 and 6) and the regulations, along with policies, instructions, and policy manuals govern the program.

The approved Parts 1, 2, 3, and attachments, as well as the narratives in Parts 4 - 6 are to be kept at the Local Agency for 3 years past the last year of usage, at a minimum. Agreements are approved for three years and renewed annually during the two years in between agreements. For example, if the "base year" agreement (2004-2005) were renewed annually for 2 years (through 2007), Parts 2 - 3 would need to be kept on file for 3 years past 2007 because these parts are approved for three years and only updated in the two renewal years. Agencies that began Program operation in years after 2004-2005 may not have two renewal years before another base year application is collected.

Complete Parts 1, 2, and 3, sign them as needed, and return them with appropriate attachments. Again, please do not hesitate to contact our office at (605) 773-3413 with any questions as you complete this application packet.

Applications should be submitted to:

Child and Adult Nutrition Services - DOE  
800 Governors Drive  
Pierre, SD 57501-2235

Claims and Audits should be submitted to:

Finance & Management Services - DOE  
700 Governors Drive  
Pierre, SD 57501-2291

Again, review of information and approval of the application is a lengthy process. During this time the State must secure and approve your materials if changed from the prototypes in Policy Statement Attachments. If you deviate from any of the attachments (letter to parents, application form, etc.), you must secure written approval from Child and Adult Nutrition Services personnel prior to releasing them for distribution.

## **Part 1 – Combined Application –**

All agencies complete and return only one copy of part 1, regardless of how many programs the agency operates. This section has general information about all programs. If the center is sponsored by a school, tribe, or agency that already participates in a Special Nutrition Program, the Part 1 that is already on file for the school, tribe, or agency should be amended to include the new information. Do not complete a separate Part 1 for this new Program.

### **Local Agency Data**

1. Provide the addresses and phone numbers for the local agency. The Local Agency Number is the same as the one on last year's approved application. The number remains the same across all of the Special Nutrition Programs. The first address will be used for mail for the authorized representatives for all programs the agency operates unless different names and addresses are designated on Section E on page 2 for the different Programs. The second address requested is one for package delivery. This applies to agencies that use a P.O. Box for their mail or those that desire packages to be delivered to a different address. A street address is required for packages sent through package delivery services.
2. Indicate which of the listed items apply to the agency status. Include any required attachments.

### **Programs**

Mark which program(s) the local agency is applying to operate. The Snack After School is a meal in the National School Lunch Program (NSLP) or Child and Adult Care Food Program (CACFP), not a program of its own. Appropriate sections will be mailed to agencies that desire to participate in the Summer Food Service Program (SFSP) in the spring. Marking the box at this time indicates a desire to participate in the program, but program participation cannot be approved without SFSP parts 2 and 3.

### **Meal/Milk Count Method**

It is imperative that all agencies maintain a reliable method for taking meal counts each day at each meal service. There are many acceptable methods for completing meal counts. Check whether point-of-service is used or an alternate method will be used.

Point-of-service means that there is a point in the food service operation where a determination can accurately be made that a reimbursable free, reduced-price, or paid meal, or free or paid milk has been served to an eligible child. This is traditionally at the end of the serving line.

Alternate systems mean the count is taken in a different manner. A few examples include: 1) the meals are served family style and the names of children are checked on the roster immediately after they have been served. 2) Tickets are taken or roster is checked off at the beginning of the meal service line and the last person in the line makes sure that all children have the right number of food items on their trays. 3) Children are seated and their individual meals are brought to them. The names of children are checked on the roster immediately after they have been served.

Provide additional information to describe any alternate systems used by each site in the Local Agency. The CANS office must approve any alternate systems.

### **Production Records**

Production records must be maintained for all special nutrition programs, except the Special Milk Program and in day care homes. A prototype has been provided by the State Agency (CANS) for each program. If that prototype is used, check that box. If the local agency has developed its own production record or is using one from a company (such as a computerized method), check the alternate form box

and include a completed sample of what is used. If infant meals are claimed, also provide a copy of a completed infant production record form if not using the prototype form. Prototype production record forms are available from the CANS office.

## **Personnel**

This item requests information for personnel for all programs. Sometimes the same person is responsible for all areas of all programs. If that is the case, it is not necessary to complete the information over and over again. Just write "same" on the top line of that section. The names of the Programs are in the columns and the information being requested relative to each program is listed in the rows on the left. CACFP applicants should use the second Program column.

**Authorized Representative** is the person designated and authorized by the governing board to enter into contracts on behalf of the local agency and must be administratively responsible to Child and Adult Nutrition Services for all administration and operation terms of the Special Nutrition Programs. Include an extension number for the telephone if that type of system is utilized. A separate fax number can also be listed. Sometimes one person in an agency is the authorized representative and signs the agreement, but chooses to designate someone else in the agency to receive correspondence from this office. It is the agency's responsibility to make sure information is appropriately shared.

**Claim Representative** is the person responsible for completing the claims for reimbursement and the person to be contacted in case of questions regarding the claim. The mailing address for the claim representative should be listed if it is different than that of the local agency or authorized representative. Include a telephone extension number, if appropriate. A separate fax number can also be listed.

**Food Service Director** is the person responsible for food service/nutrition program operations at the local agency. A separate mailing address for the food service director can be listed, if needed. Include a telephone extension number, if appropriate. A separate fax number can also be listed.

**Commodity Delivery Address** is the physical address where the commodities will be delivered if the agency receives commodities. Commodities are not available for Child & Adult Care Food Program agencies so this section does not need to be completed for this Program. CACFP agencies receive a cash-in-lieu rate to be able to purchase product that is more readily usable for small groups.

## **Site Summary**

This section asks for the name of each attendance center and some relative information in regard to that center. Each attendance center should be listed, whether or not they are all in the same building. The city is needed to help identify the site. The type of center varies by program. See site types below and on next page. If the site is a new site (or in a different location) than last year, check the new site box and complete a new site application (Part 3) for the site(s).

### **CHILD AND ADULT CARE FOOD PROGRAM**

**ADCC** – Adult Day Care Center

**ASC** – After School Care

**CC** – Child Care Center

**CCCH** – Child Care Center - Head Start & Early Head Start

**CCCO** – Child Care Center – Other Title XX for Profit Center

**DCH** – Day Care Home

**ES** – Emergency Shelter

**GFDCH** – Group Family Day Care Home

**OSH** – Outside School Hours

### **SUMMER FOOD SERVICE PROGRAM**

**CAMP** – Residential Camp

**ENRL** – Enrolled Site

**MIGR** – Migrant

**NRC** – Nonresidential Camp

**NYSP** – National Youth Sports Program

**OPEN** – Needy Area

SPECIAL MILK ONLY

**NPN** – Nonprofit Nursery  
**SC** – Summer Camp  
**ELSCH** – Elementary School  
**MSCH** – Middle School  
**JHSCH** – Junior High School  
**SHSCH** – Senior High School  
**PSCH** – Pre School  
**SH** – Settlement House  
**SVCI** – Service Institution  
**RCCI** – Residential Child Care Institution

NATIONAL SCHOOL LUNCH, SCHOOL BREAKFAST

**RCCI** – Residential Child Care Institution  
**ELSCH** – Elementary School  
**MSCH** – Middle School  
**JHSCH** – Junior High School  
**PSCH** – Pre School  
**SHSCH** – Senior High School  
**UNSCH** – Un-graded School

The columns on the left list the various programs in which a site can participate. CACFP applicants should complete the CACFP rows (2<sup>nd</sup> section from the bottom).

**Begin Date** – list the beginning dates of program operations for each site in the federal fiscal year. The application covers the federal fiscal year of October 1 through September 30. If the local agency operates year round, the begin dates should be listed as October 1<sup>st</sup> or a later dates the agency would like to begin Program operations at the site.

**End Date** – list the end dates of program operations for each site in the federal fiscal year. The application covers the federal fiscal year of October 1 through September 30. If the local agency operates year round, the end dates should be listed as September 30<sup>th</sup>.

**Operating Days per Week** – Circle the days of the week that each attendance center is open.

**Total Number of Operating Days** – Indicate the number of days each attendance center intends to operate in this program year (October 1<sup>st</sup> through September 30<sup>th</sup>).

**Contracts**

Circle Yes or No for each question. On the lines below, list any contracts that were answered with a "yes" and attach a copy of that contract for approval. CANS staff must approval all contracts.

**Attachments**

Include copies of required documentation and check which documents are attached. Local Agencies that are private or public nonprofit must provide proof of their tax-exempt status under section 501(c)3 of the amended IRS code.

**Authority**

The authority for program operation is provided in Section I.

**Assurances**

This section provides assurances that the program will be operated according to program requirements, that the agency has not been suspended or debarred.

## Part 2 – Child and Adult Care Food Program Application –

### A. Local Agency Information

1. Fill in the Local Agency name and the Local Agency number. Child and Adult Nutrition Services (CANS) assigns this number (see last year's approved application).
2. **Production Records** – Indicate the number of new Menu Production Record books that are needed for the upcoming program year. If no books are needed write "0" on the line. A maximum of one book per site (building) is allowed. If infant meals are claimed for reimbursement, the infant meal patterns must be followed and infant menu production record forms must be maintained for each infant meal claimed for reimbursement. Prototype infant production record forms are available upon request from the State Agency.
3. **Contracts** – All contracts must be listed here, a copy of each contract must be included with the application, and each contract must be approved by the State Agency. A sample Food Service Management Company Contract with bidding procedures is available from the State Agency on request. A prototype agreement between a school and a center can also be requested if the agency wishes to purchase meals from a school.
4. **Attachments** – Indicate the applicable attachments that will be included with the renewal application. See the bold print behind each bullet to determine if this is an attachment that must be included. Note that some are required for all agencies, others are only required if applicable.
5. **Amendment to the 3-Year Application** – NOTE: This is a renewal application. The 2004-2005 application (or "new center" application if the agency did not participate in 2004-2005) is considered to be in effect until such time that another base year application is collected from the agency. It is the responsibility of the local agency to review the approved 2004-2005 application (parts 2 and 3) and to review any changes made to that application last year (2005-2006) and submit any changes to those applications. **Changes must be highlighted** and submitted to Child and Adult Nutrition Services (CANS) with this renewal application. If needed, forms for 1) reporting new Publicly Funded Programs, 2) adding or removing board members, and/or 3) naming a new Authorized Representative (Certificates of Authority) can be found in the Part 6 of the application packet.

### B. Management Plan

1. **Training** –
  - a. **Training Verification** – The agency must provide documentation of the CACFP Training provided to each key staff during the 2005-2006 Program year. Documentation should include a copy of the agendas for each training session. Agendas must indicate the topics covered (all topics listed on the application must be covered annually). A copy of the sign in sheets must also be provided so as to show proof that all key staff were trained in their areas of job responsibility during the most recent prior Program year. If documentation is not available, the agency will be required to train all key staff before this renewal application can be approved.
  - b. **Training Plan** – It is the responsibility of the local agency to ensure that all key staff at each site sponsored by the agency receive annual training specific to the CACFP duties they perform. This training requirement can be met by: a) the local agency providing annual training (provided that there are experienced staff who are qualified to provide the training); b) attendance at the state agency workshops (Basic Training and CACFP Plus! workshops cover all required topics); c) viewing CACFP training videos available to be

checked-out from the state agency (Basic Training workshop is available on video). Be advised that using attendance at the state agency workshop will require that key staff do attend the workshop or an amendment to the application will be needed. Failure to participate in annual training is considered a serious deficiency. Complete the chart to indicate the training plan for the agency for the upcoming program year (October 1, 2006 through September 30, 2007).

2. **Monitoring** – Each site sponsored by the local agency must be monitored at least three times each year, including one review during the first four weeks of program operation. These reviews cannot be more than six months apart. At least two of these reviews must be unannounced (the site can not be notified in advance of the review). At least one unannounced review must include the observation of a meal service. If a serious deficiency is noted during any review, the next review **must be** unannounced. Complete the chart on the application to reflect the monitoring schedule for each site. If the agency sponsors more than 10 sites copy this chart as needed prior to completing the form. Note that the local agency is responsible for monitoring each meal type approved (including breakfasts and supper) at each site.

### C. Finance Section

1. **Audit** – If the agency received and spent over \$500,000 in federal financial assistance in the prior fiscal year an A133 audit is required. Indicate the date of the last financial audit and the firm doing the audit. If the agency did not receive and expend over \$500,000 in federal financial assistance, the agency is exempt from audit. Mark the appropriate box and complete this section if an audit is required.
2. **Pricing Programs** – This question only needs to be answered by pricing programs. If the center charges a separate fee for meals, the local agency is a pricing program. Indicate the amount that is charged for the meals. It is not allowable to charge any fees for meals to families who qualify for free meals. The maximum fee that may be charged to families who qualify for reduced price meals are: breakfast = \$.30, lunch or supper = \$.40, and snacks = \$.15. There are no limits to the fees that are charged to adults or to families who do not qualify for free or reduced price meals. Record the fees charged for each meal type. If no fee is charged for a specific meal, write “0” on those lines.
3. **Related Party Transactions** – To protect the integrity of the federal funds received from the Child and Adult Care Food Program all related party transactions must be reported at the time of application. Provide specific information, as requested on the application.
4. **Sources of Income** – Every agency must be able to document that it is financially viable. The amount of reimbursement from the meals served is not intended to be a total reimbursement for all food service costs. Therefore, it is necessary to ensure that other sources of income are available to the center to cover all food service costs. These monies may come from day care fees, grants, etc. If there are any foreseen changes in the level, function, and/or nature of funding sources, indicate any impact the change will have on the local agency.
5. **Resource Allocation for Monitoring Duties** – The state agency has the responsibility of ensuring that the local agency is allocating sufficient resources to the monitoring duties. This includes all costs related to monitoring, including items such as salaries, supplies, mileage, meals, lodging, etc. When calculating the salaries, make sure to only include the time spent on monitoring duties. These duties would include conducting the actual reviews and all travel involved for the reviews, any correspondence with the site in relation to the findings on the review, etc. Provide the requested information on the lines provided on the application.

6. **Annual Budget** – The following worksheet is a means of determining the approximate amount of reimbursement (CACFP funds) that will be received. Complete the worksheet using approximate average daily participation (ADP) for each meal (according to the estimated number of free, reduced and paid participants participating). Include all sites. Take that number times the actual number of serving days (as provided in Part 1 Combined Application Section F – Site Summary). This will give you the number of meals per year. Take the number of meals times the current rates of reimbursement to get the amount of reimbursement for that meal type according to the eligibility categories. Current rates of reimbursement are updated each year in July and are available on the new claim forms or upon request from the state agency. The reimbursement column should be added for each meal type. The totals from each meal type should be added together to determine the total anticipated CACFP meal reimbursement.

**Breakfast:** Free       $\frac{\quad}{\text{ADP}} \times \frac{\quad}{\text{DAYS}} = \frac{\quad}{\text{MEALS}} \times \frac{\quad}{\text{RATE}} = \frac{\quad}{\text{REIMBURSEMENT}}$

Reduced       $\frac{\quad}{\text{ADP}} \times \frac{\quad}{\text{DAYS}} = \frac{\quad}{\text{MEALS}} \times \frac{\quad}{\text{RATE}} = \frac{\quad}{\text{REIMBURSEMENT}}$

Paid       $\frac{\quad}{\text{ADP}} \times \frac{\quad}{\text{DAYS}} = \frac{\quad}{\text{MEALS}} \times \frac{\quad}{\text{RATE}} = \frac{\quad}{\text{REIMBURSEMENT}}$

**Total Breakfast Reimbursement =** \_\_\_\_\_

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**Lunch:** Free       $\frac{\quad}{\text{ADP}} \times \frac{\quad}{\text{DAYS}} = \frac{\quad}{\text{MEALS}} \times \frac{\quad}{\text{RATE}} = \frac{\quad}{\text{REIMBURSEMENT}}$

Reduced       $\frac{\quad}{\text{ADP}} \times \frac{\quad}{\text{DAYS}} = \frac{\quad}{\text{MEALS}} \times \frac{\quad}{\text{RATE}} = \frac{\quad}{\text{REIMBURSEMENT}}$

Paid       $\frac{\quad}{\text{ADP}} \times \frac{\quad}{\text{DAYS}} = \frac{\quad}{\text{MEALS}} \times \frac{\quad}{\text{RATE}} = \frac{\quad}{\text{REIMBURSEMENT}}$

Cash in Lieu of Commodities       $\frac{\quad}{\text{MEALS}} \times \frac{\quad}{\text{RATE}} = \frac{\quad}{\text{REIMBURSEMENT}}$

**Total Lunch Reimbursement =** \_\_\_\_\_

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**Supplements:** Free       $\frac{\quad}{\text{ADP}} \times \frac{\quad}{\text{DAYS}} = \frac{\quad}{\text{MEALS}} \times \frac{\quad}{\text{RATE}} = \frac{\quad}{\text{REIMBURSEMENT}}$   
(Snacks)

Reduced       $\frac{\quad}{\text{ADP}} \times \frac{\quad}{\text{DAYS}} = \frac{\quad}{\text{MEALS}} \times \frac{\quad}{\text{RATE}} = \frac{\quad}{\text{REIMBURSEMENT}}$

Paid       $\frac{\quad}{\text{ADP}} \times \frac{\quad}{\text{DAYS}} = \frac{\quad}{\text{MEALS}} \times \frac{\quad}{\text{RATE}} = \frac{\quad}{\text{REIMBURSEMENT}}$

**Total Supplement (Snack) Reimbursement =** \_\_\_\_\_

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**Supper:**

Free	$\frac{\text{ADP}}{\text{DAYS}} \times$	$\frac{\text{MEALS}}{\text{RATE}} =$	REIMBURSEMENT
Reduced	$\frac{\text{ADP}}{\text{DAYS}} \times$	$\frac{\text{MEALS}}{\text{RATE}} =$	REIMBURSEMENT
Paid	$\frac{\text{ADP}}{\text{DAYS}} \times$	$\frac{\text{MEALS}}{\text{RATE}} =$	REIMBURSEMENT
Cash in Lieu of Commodities		$\frac{\text{MEALS}}{\text{RATE}} =$	REIMBURSEMENT

**Total Supper Reimbursement =** \_\_\_\_\_

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Total Breakfast Reimbursement	_____
+ Total Lunch Reimbursement	_____
+ Total Supplements Reimbursement	_____
+ Total Supper Reimbursement	_____
<b>= Anticipated Reimbursement from the CACFP</b>	_____

5. **Annual Budget** (continued) – Complete the budget worksheet to document the expenses that will be paid using CACFP funds. Once the agency has documented that all CACFP reimbursement is spent on CACFP expenses a nonprofit food service operation has been documented and the budget is considered complete.

- A. **Food for the CACFP** – Determine or estimate the average monthly cost of food and multiply by 12 months. Include food expenditures for all sites. STOP here if this equals or exceeds the Anticipated Reimbursement.
- B. **Non-food for the CACFP** – Non-food includes napkins, dishwashing detergent, disposable plates, cups, or utensils, etc., used for food service. Estimate the cost for the budget period as above. STOP here if the cost of food plus the cost of non-food equals or exceeds the Anticipated Reimbursement.

The following expenditures may be approved, if appropriate, for the local agency. **Include these expenses only if the Anticipated Reimbursement has not been allocated.** Not all lines must be completed on the budget form. As noted on the budget form some items require prior approval or specific prior written approval from the Child and Adult Nutrition Services (CANS) office.

- C. **Salaries** – Prorate any salaries charged to the CACFP based on time and task logs. Fringe benefits include employer's matching portion of FICA, unemployment, worker's compensation, insurance, etc.
- D. **Office Costs** – Prorate the portion of the office costs applicable to the CACFP. Document the method for prorating all application office costs included in the budget. Attach separate documentation as needed. Rental costs, office equipment purchases or leases, and computer purchases must be approved in advance and the State agency must provide the local agency with specific prior written approval for the cost of the item being charged to the CACFP.
- E. **Utilities** – Prorate the portion of the utility costs applicable to the CACFP. Document the method of prorating all utilities costs included in the budget. Attach separate documentation as needed.



- F. **Equipment for Food Service** – Equipment includes expenditures for repairs to existing food service equipment, equipment replacement, or additions.
- G. **Contractual Services** – Prorate to determine the portion of the contractual service costs applicable to the CACFP. Document the method of prorating for all applicable costs included in the budget. Attach separate documentation as needed. Contracts of this sort must be approved in advance and the State agency must provide the local agency with specific prior written approval for the cost of the item being charged to the CACFP.
- H. **Travel** – Determine or estimate the costs involved for travel to attend training, to conduct monitoring reviews, etc for the CACFP. Indicate the cents per mile for mileage costs. Travel expenses require prior approval from the State agency. If the agency wishes to use CACFP funds to pay for any part of the costs involved in a workshop that is not solely for the purpose of the CACFP the State agency must provide the local agency with specific prior written approval for the cost of the item being charged to the CACFP.
- I. **Other** – Specify any other costs directly attributable to the food service program. Attach written justification for the cost.

#### **D. Assurance Statement**

This section must be signed by the Authorized Representative (as listed in Section E of Part – Combined Application). If this person is new to the position since the approved 2004-2005 budget a new certificate of authority must be completed. See part 6 for the form to use. This section provides assurances that the program will be operated according to program requirements and that the local agency or its principals have not been suspended or debarred.

**Part 3 – Site Application** – Site applications ONLY need to be completed for new sites participating under the local agency this year. If a site application is needed, refer to the CANS website or contact the CANS office for the site application and instructions.

**Part 4 – Child and Adult Care Food Program Agreement** – Read this part carefully and keep it on file with the application. You do not need to return this part.

**Part 5** – Does not apply to the Child and Adult Care Food Program.

#### **Part 6 – Policy Statement and Attachments for the Child and Adult Care Food Program**

The pricing policy statement (pricing or non-pricing) is permanent unless the agency contacts Child and Adult Nutrition Services to make a change in their pricing/non-pricing policy. At that time a new pricing policy must be completed, signed, and returned to the CANS office for approval. If changes are made to the existing policy statement (e.g. switching from non-pricing to pricing program), contact the State agency for a new policy statement to complete and return. All local agencies **must** return the appropriate policy statement attachments (letter to participants, free & reduced price meal application and public release). These must be sent to our office even if the local agency plans to use the forms as they are. If that is the case, indicate that on each form. If changes are made to the prototype form, the forms **must be submitted for approval prior to use**.

**Attachment A – INCOME ELIGIBILITY GUIDELINES** – These are the income guidelines that are to be used by the local agency officials in determining eligibility for free or reduced price meal benefits. This form may not be provided to families applying for free or reduced price meals. This form does not need to be returned.

**Attachment B1 – PRICING PROGRAMS PROTOTYPE LETTER TO PARTICIPANTS** – This form is for **PRICING PROGRAMS ONLY**. This attachment explains the opportunity for families to apply for free or reduced price meals. This attachment along with attachments B3, B4, and B5 **must be** provided to all families in the center. If the local agency operates a pricing program, return a copy of the letter to participants used by the local agency to CANS.

**Attachment B2 – NON-PRICING PROGRAMS PROTOTYPE LETTER TO PARTICIPANTS** – This form is for **NON-PRICING PROGRAMS ONLY**. This attachment along with attachments B3, B4, and B5 **must be** provided to all families in the center if the local agency wishes to claim meals in the free or reduced price category. Exceptions to this are Emergency Shelters, Income Qualified Head Start Children, and At-Risk Snack After School children. Meals may be served to participants in these Programs may be claimed as free without an application on file to support eligibility. If the local agency is a non-pricing program, return a copy of the letter to participants used by the local agency to CANS as part of the policy statement.

**Attachment B3 – BACK PAGE OF APPROPRIATE PARENT LETTER** – This form provides families with basic information about the types of income to report and the income guidelines for eligibility. This form **must be** provided to all families applying for meal benefits. **Note:** only the reduced income scale may be included on this attachment. Return a copy of the form used to provide this information to families.

**Attachment B4 – FREE AND REDUCED PRICE MEAL APPLICATION** – This is the current income application and **must be provided** to families wishing to apply for free or reduced price meal benefits. It is not required that families complete this form but no meal benefits (free or reduced price meals) should be provided without an approved application on file. Return a copy of the application provided to families as part of policy statement. This does not apply to children in Emergency Shelters, Income Qualified Head Start children or children enrolled in the At-Risk Snack After School Program. **NOTE:** Direct certification information that has been given directly to the participant's household by the local food stamp office, TANF office, Food Distribution on Indian Reservations, or "notice of eligibility" from a school-based Program on direct certification, may be submitted to the center or sponsor instead of completing a free and reduced price meal application.

**Attachment B5 – FREE AND REDUCED PRICE MEAL APPLICATION INSTRUCTIONS** – This is the instruction page (back page) for the application for free and reduced price meals (Attachment B4) and **must be provided** to all families applying for meal benefits. Return a copy of the form used to provide this information to families.

**Attachment C – NOTIFICATION LETTER TO PARTICIPANTS FOR PRICING PROGRAMS** – **PRICING PROGRAMS ONLY** will use this prototype. This letter must be sent to all participants who have completed an application for free or reduced price meals. The notification must be sent to the participants within the time lines indicated in the Policy Statement. Return a copy of the notification letter used by the local agency to CANS.

**Attachment D – CIVIL RIGHTS DATA COLLECTION** – Regulations require that racial/ethnic data **be collected annually**. This information must be collected for the area served and for the local agency and be maintained on file for three years beyond the year it was collected. You do not need to return this attachment to Child and Adult Nutrition Services. If you have difficulty collecting the information for the area served you may contact the CANS office for county data.

**Attachment E – PUBLIC RELEASE** – This is the local agency's copy of the public release that was submitted by the CANS office. This form does not need to be returned to CANS but should be maintained on file.

**Attachment F – PUBLICLY FUNDED PROGRAMS** – This is the form to use should the agency need to report new publicly funded programs which the local agency and/or its principals have participated in within the past 7 years. This form only needs to be completed if additional programs need to be reported since the 2004-2005 (or more recent) new center application or the 2005-2006 renewal application were approved.

**Attachment G – INSTITUTION PRINCIPALS** – This is the form to use should the agency need to report new institution principals (or changes of positions – such as a new board president). This form only needs to be completed if new principals need to be reported since the 2004-2005 (or more recent) new sponsor application or the 2005-2006 renewal application were approved. This form may also be used to have names removed from the list of principals within the local agency.

**Attachment H – CERTIFICATE OF AUTHORITY** – This is the form to use should the agency need to designate a new Authorized Representative for the Child and Adult Care Food Program. This form only needs to be completed if the Authorized Representative is new to the position this year. If a new authorized representative is named for the Program, the local agency will also need to complete and return Attachment G to add this individual as an Institution Principal.